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<b>TRANSMITTAL FORM</b>	Application Number	08/897,888	
	Filing Date	July 22, 1997	
	First Named Inventor	Daniel J. MENDEZ	
	Art Unit	2758	
	Examiner Name	Robert B. Harrell	
Total Number of Pages in This Submission	2	Attorney Docket Number	25587-033-007

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"><li>• Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page)</li><li>• Return Receipt Postcard</li></ul>
<div>Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Manatt, Phelps & Phillips		
Signature			
Printed name	Pamela S. Merkadeau		
Date	February 9, 2007	Reg. No.	53,318

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**REQUEST FOR WITHDRAWAL  
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CORRESPONDENCE ADDRESS**

Application Number	08/897,888
Filing Date	July 22, 1997
First Named Inventor	Mark D. RIGGINS
Art Unit	2758
Examiner Name	Robert B. Harrell
Attorney Docket Number	25587-033-007

**To: Commissioner for Patents  
P.O. Box 1450  
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Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number

36614

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Attorneys are no longer representing Applicant.

**CORRESPONDENCE ADDRESS**1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Scott McKeown OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.
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Registration No. 53,318

Date February 9, 2007

Telephone No. 650-812-1375

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.